



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Radharc an Inbhir
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	17 September 2019
Centre ID:	OSV-0004966
Fieldwork ID:	MON-0024800

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Radharc an Inbhir has the capacity to support up to three individuals with intellectual disability, autism, behaviours that challenge, epilepsy and mobility issues. Residents supported at the service range in age from 18 years upwards. The centre comprises of two single storey houses on the outskirts of adjacent coastal towns. Both houses are spacious, and are suited to residents' needs. One of the houses can provide a full-time residential service to one person, and the other can provide part-time residential placements to two individuals. Residents are supported by a staff team that includes social care workers, support staff, a service coordinator who is responsible for the day-to-day management of the centre. Staff are based in the centre when residents are present, and staff sleep in both houses at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
17 September 2019	10:15hrs to 17:35hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with two people who resided in the centre for part-time placements and one resident discussed what it was like when staying there. This resident told the inspector that they felt well cared for and safe while in the centre, that they trusted the staff, and that they had good access to activities of their choice. The resident further stated that they loved spending placements there and enjoyed spending time with staff. Although another resident did not have the communication skills to speak with the inspector, it was very evident that this resident was happy and comfortable being at the centre, and was enjoying the activities that were taking place.

Capacity and capability

The provider's governance and management arrangements ensured that a good quality and safe service was provided for residents in this centre.

There was a clearly defined management structure, and there were systems in place, such as audits and staff training, to ensure that the service was provided in line with residents' needs and that residents were safe. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a high standard of care and support being provided to residents. Unannounced audits of the centre's practices were being carried out twice each year by members of the management team. Audit records showed a high level of compliance with the regulations. Any required improvements had been identified, and had been addressed. Annual reviews of the care and support provided at the centre were also being carried out.

The person in charge worked closely with a coordinator, who was responsible for the overall management of the centre. Both were well known to the residents, and were very familiar with their care and support needs. There were management cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had allocated sufficient staff to the centre to support residents' assessed needs and activity choices. These staff had received training relevant to their roles. During the inspection, staff demonstrated a strong knowledge of residents' preferences and care needs and these were being supported in a person-centred way.

There was a suitable process to manage complaints. There had been a low level of complaints in the centre, although there were suitable practices to ensure that any complaints would be suitably recorded, investigated and resolved. The provider had also ensured, through the use of a user-friendly complaints policy and DVD, that residents knew that they could make a complaint about any issues of concern to them.

The provider had ensured that the records and documentation required by the regulations, such as service agreements, a statement of purpose, and fire safety records, were being maintained and were available in the centre. However, the statement of purpose required review to ensure that it reflected the requirements of the regulations. The provider had also ensured that there was a robust system for the management and reporting of adverse incidents.

Overall, there was a high level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the person in charge and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding - in addition to other training relevant to their roles such as medication management and first aid. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. Representatives of the provider visited the centre, and carried out audits of the quality and safety of service approximately twice each year. However, these were not consistently being completed within six-monthly time frames as required

by the regulations.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. These agreements included the required information about the service to be provided, and had been signed by residents' representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations. However, it did not clearly state some of the required information. The statement of purpose was being reviewed annually by the person in charge, and had been made available to residents and their representatives.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to make notifications of specified events, including quarterly notifications, to the Chief Inspector of Social Services, and these had been suitably submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and there were no active complaints at the time of inspection.

Judgment: Compliant

Quality and safety

Residents received person centred care that supported them to be involved in activities that they enjoyed while in the centre. This ensured that each resident's well-being was promoted at all times. The provider also had practices and procedures in place to ensure that residents were kept safe.

Personal plans had been developed for all residents and were based on each resident's assessed needs. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were planned. These meetings were attended by residents, their families, day service staff, and staff from the designated centre. The personal planning process ensured that residents' social, health and developmental needs were identified, and that supports were put in place to ensure that these were met. As some residents were based in the centre at limited periods, their goals were developed in conjunction with day service staff and residents' families, all of whom worked together to ensure that residents' goals and personal plans were met.

The management team had taken measures to protect residents from harm and to keep them safe. There was a safeguarding policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise any signs of harm and or neglect. The service of a designated safeguarding officer was also available. The provider also had suitable measures in place for the support and management of behaviour that challenges. These included training, behaviour support planning, and involvement of a psychologist and behaviour support specialist. These plans were being implemented effectively and there had been a significant decrease in incidents arising from behaviour that challenges.

There were measures in place to safeguard residents from other risks. These included, development of personal emergency evacuation plans for each person, availability of missing person profiles and intimate care plans, and maintenance of a safe environment. Fire safety measures included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, staff training and completion of fire evacuation drills. The person in charge scheduled fire drills to ensure that all staff and residents attended a fire drill at least once each year. Records showed that all fire drills were completed in a timely manner. Staff and residents who spoke with the inspector were clear on fire evacuation procedures. However, some improvement was required around deep-sleep evacuation of residents.

The provider and person in charge had introduced good measures to assess, assist and support communication with residents in accordance with their needs and wishes. These included the use of communication techniques, such as picture cards and signage, development of communication passports to guide staff, and

involvement of communication specialists. Residents had good access to information relating to the service and their safety and rights, such as safeguarding, fire safety and advocacy. This information was provided to residents in appropriate formats.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and appointments were arranged as required. As some residents availed of a part time service in the centre, their medical appointments were primarily organised and supported by their families. Healthcare services supplied by the provider included psychiatry, psychology, and speech and language therapy. Overall, residents in this centre enjoyed a good level of general health, with minimal healthcare interventions required. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. Access to national health screening programmes was available for all residents. Options to participate in these programmes were explored by residents, their families and their GPs. Safe medication management practices were also evident in the centre.

The inspector observed that staff supported residents to do things that they enjoyed both in organised day programmes, in the centre, and in the community. Residents were involved in a range of activities such as developing independent living skills, visiting and socialising with family and friends and entertainment events. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. The provider and staff were particularly focused on developing and enhancing residents' living skills and social integration, and there was evidence that this was being achieved.

Residents' nutritional needs were well met. Residents, who wished to, had involvement in choosing, shopping for, and preparing their own food, and this was confirmed by residents. Furthermore, residents' weights were being monitored and food diaries were being maintained.

The centre suited the needs of residents. Both houses were clean, comfortable and suitably furnished and equipped. There was adequate furniture in which residents could store their clothing and belongings while they were staying in the centre.

Throughout the inspection, staff interaction with residents was seen to be person-centred and respectful, and there was a high level of compliance with regulations relating to the quality and safety of resident care.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained, clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Residents chose, and took part in shopping for, their own food.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. However, the fire evacuation drill process required improvement. While fire drills involving residents and staff were being carried out frequently and in a timely manner, there had been no assessments of residents' responses to the fire alarm while they were sleeping.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre, which included secure storage, suitable arrangements for the disposal of unused and out-of-date medication, and capacity assessments for all residents with regard to administration of their own medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of

harm.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Radharc an Inbhir OSV-0004966

Inspection ID: MON-0024800

Date of inspection: 17/09/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All progress of actions will be documented within the specified timeframes to ensure a safe and quality service.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose will be reviewed and updated to contain all the information required under Regulation 3.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill will be carried out to ascertain residents’ responses to the fire alarm while they are sleeping	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	30/10/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	30/10/2019

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/10/2019